

APPENDIX V

Appendix V Form A - GROUNDWATER MONITORING WELL INFORMATION FORM

[illegible]

Form B - MONITORING WELL CONSTRUCTION FORM

State of Wisconsin Route to: Solid Waste ☐ Haz. Waste ☐ Wastewater ☐ MONITORING WELL CONSTRUCTION
 Department of Natural Resources Env. Response & Repair ☐ Underground Tanks ☐ Other ☐ Form 4400-113A

Rev. 4-90

Facility/Project Name	Local Grid Location of Well <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. ft. <input type="checkbox"/> W.	Well Name
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N, _____ ft. E.	Wis. Unique Well Number DNR Well Number
Type of Well: Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source _____ ¼ of _____ ¼ of Sec. _____ T. _____ N, R. _____ E. <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed ____ / ____ / ____ M M D D Y Y
Distance Well is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source U <input type="checkbox"/> Upgradient S <input type="checkbox"/> Sidegradient D <input type="checkbox"/> Downgradient N <input type="checkbox"/> Not Known	Well Installed By: (Persons' Name and Firm)
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☐
 SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
 Bedrock _____

13. Sieve analysis attached? ☐ Yes ☐ No

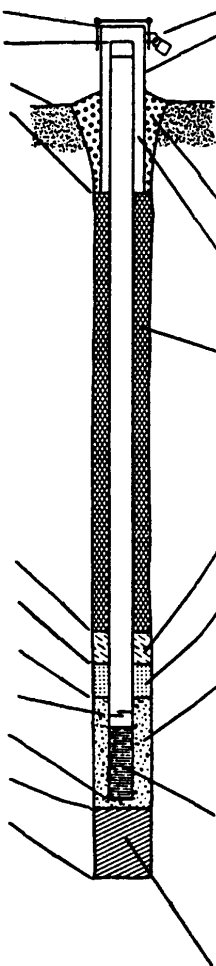
14. Drilling method used: Rotary ☐ 50
 Hollow Stem Auger ☐ 41
 Other _____

15. Drilling fluid used: Water ☐ 02 Air ☐ 01
 Drilling Mud ☐ 03 None ☐ 99

16. Drilling additives used? ☐ Yes ☐ No
 Describe _____

17. Source of water (attach analysis): _____

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top _____ ft. MSL or _____ ft.
 G. Filter pack, top _____ ft. MSL or _____ ft.
 H. Screen joint, top _____ ft. MSL or _____ ft.
 I. Well bottom _____ ft. MSL or _____ ft.
 J. Filter pack, bottom _____ ft. MSL or _____ ft.
 K. Borehole, bottom _____ ft. MSL or _____ ft.
 L. Borehole, diameter _____ in.
 M. O.D. well casing _____ in.
 N. I.D. well casing _____ in.



1. Cap and lock? ☐ Yes ☐ No
2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel ☐ 04
 Other ☐
 d. Additional protection? ☐ Yes ☐ No
 If yes, describe: _____
3. Surface seal: Bentonite ☐ 30
 Concrete ☐ 01
 Other ☐
4. Material between well casing and protective pipe:
 Bentonite ☐ 30
 Annular space seal ☐
 Other ☐
5. Annular space seal:
 a. Granular Bentonite ☐ 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry ☐ 35
 c. _____ Lbs/gal mud weight... Bentonite slurry ☐ 31
 d. _____ % Bentonite... Bentonite-cement grout ☐ 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie ☐ 01
 Tremie pumped ☐ 02
 Gravity ☐ 08
6. Bentonite seal:
 a. Bentonite granules ☐ 33
 b. ☐ 1/4 in. ☐ 3/8 in. ☐ 1/2 in. Bentonite pellets ☐ 32
 c. _____ Other ☐
7. Fine sand material: Manufacturer, product name, mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product, mesh size
 a. _____
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 ☐ 23
 Flush threaded PVC schedule 80 ☐ 24
 Other ☐
10. Screen Material:
 a. Screen type: Factory cut ☐ 11
 Continuous slot ☐ 01
 Other ☐
 b. Manufacturer _____
 c. Slot size: _____ 0. _____ in.
 d. Slotted length: _____ ft.
11. Backfill material (below filter pack): None ☐ 14
 Other ☐

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature

Firm

Form C - MONITORING WELL DEVELOPMENT FORMState of Wisconsin
Department of Natural Resources**MONITORING WELL DEVELOPMENT**
Form 4400-113B Rev. 4-90Route to: Solid Waste ☐ Haz. Waste ☐ Wastewater ☐
Env. Response & Repair ☐ Underground Tanks ☐ Other ☐

Facility/Project Name		County Name		Well Name	
Facility License, Permit or Monitoring Number		County Code		Wis. Unique Well Number	
				DNR Well Number	

1. Can this well be purged dry? <input type="checkbox"/> Yes <input type="checkbox"/> No		Before Development		After Development	
2. Well development method		11. Depth to Water (from top of well casing) a. _____ ft.		_____ ft.	
surged with bailer and bailed <input type="checkbox"/> 41		Date b. ____/____/____		____/____/____	
surged with bailer and pumped <input type="checkbox"/> 61		mm dd yy		mm dd yy	
surged with block and bailed <input type="checkbox"/> 42		Time c. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
surged with block and pumped <input type="checkbox"/> 62					
surged with block, bailed and pumped <input type="checkbox"/> 70		12. Sediments in well bottom _____ inches		_____ inches	
compressed air <input type="checkbox"/> 20					
bailed only <input type="checkbox"/> 10		13. Water clarity Clear <input type="checkbox"/> 10		Clear <input type="checkbox"/> 20	
pumped only <input type="checkbox"/> 51		Turbid <input type="checkbox"/> 15		Turbid <input type="checkbox"/> 25	
pumped slowly <input type="checkbox"/> 50		(Describe)		(Describe)	
other <input type="checkbox"/> —					
3. Time spent developing well _____ min.					
4. Depth of well (from top of well casing) _____ ft.					
5. Inside diameter of well _____ in.					
6. Volume of water in filter pack and well casing _____ gal.					
7. Volume of water removed from well _____ gal.					
8. Volume of water added (if any) _____ gal.					
9. Source of water added:		Fill in if drilling fluids were used and well is at solid waste facility:			
_____		14. Total suspended solids _____ mg/l		_____ mg/l	
10. Analysis performed on water added? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. COD _____ mg/l		_____ mg/l	
(If yes, attach results)					
16. Additional comments on development:					

Well developed by: Person's Name and Firm

Name:

Firm:

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Print Initials: _____

Firm: _____

NOTE: Shaded areas are for DNR use only. See instructions for more information including a list of county codes.

Form D - WELL/DRILLHOLE/BOREHOLE ABANDONMENT FORM

State of Wisconsin
Department of Natural Resources

WELL/DRILLHOLE/BOREHOLE ABANDONMENT
Form 3300-5B Rev. 12-91

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County	Original Well Owner (If Known)	
1/4 of 1/4 of Sec. ; T. N; R.		Present Well Owner	
(if applicable) Gov't Lot Grid Number		Street or Route	
Grid Location ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code	
Civil Town Name		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well		Reason For Abandonment	
City, Village		Date of Abandonment	

WELL/DRILLHOLE/BOREHOLE INFORMATION

(3) Original Well/Drillhole/Borehole Construction Completed On		(4) Depth to Water (Feet)	
(Date)	Construction Report Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If No, Explain	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole	Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Total Well Depth (ft.) Casing Diameter (ins.) (From ground surface)	(5) Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain)	
Casing Depth (ft.) Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? Feet	(6) Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite		

(7)	Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	Surface					

(8) Comments:**(9) Name of Person or Firm Doing Sealing Work**

Signature of Person Doing Work	Date Signed
Street or Route	Telephone Number
City, State, Zip Code	

Form E - SOIL BORING LOG INFORMATION FORMState of Wisconsin
Department of Natural Resources

Route To:

☐ Solid Waste☐ Emergency Response☐ Wastewater☐ Superfund☐ Haz. Waste☐ Underground Tanks☐ Water Resources☐ Other _____**SOIL BORING LOG INFORMATION**
Form 4400-122 Rev. 5-92

Page _____ of _____

Facility/Project Name		License/Permit/Monitoring Number		Boring Number	
Boring Drilled By (Firm name and name of crew chief)		Date Drilling Started MM / DD / YY		Date Drilling Completed MM / DD / YY	
DNR Facility Well No.		Unique Well No.		Common Well Name	
Final Static Water Level Feet MSL		Surface Elevation Feet MSL		Borehole Diameter inches	
Boring Location State Plane _____ N, _____ E S/C/N		Lat _____		Local Grid Location (If applicable)	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____ E/W		Long _____		Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W	
County		DNR Country Code		Civil Town/City/ or Village	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					P 200	RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index			

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature

Firm

This form is authorized by Chapters 144.147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Form F - GROUNDWATER MONITORING INVENTORY FORM

Department of Natural Resources

GROUNDWATER MONITORING INVENTORY FORM

Form 3300-67

Rev. 8-93

Wisconsin Unique Well Number 	<input type="checkbox"/> Add	<input type="checkbox"/> Change	
Inventory Completed By (Last Name, First, MI) 	Date / / 	With 	<input type="checkbox"/> DNR
	 / / 		<input type="checkbox"/> _____

Facility

Name Facility ID # Local Well ID High Cap Well #

Primary Contact Name (Last, First, MI) 			<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor	
Telephone Number 				
Mailing Address 				
City 	State 	Zip Code 		
Other Contact Name (Last, First, MI) 			<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor	
Telephone Number 				
Mailing Address 				
City 	State 	Zip Code 		
Well Location			(X) 1/4 1/4 Sec.	
<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	Fire # (If avail.) 	County 	<div style="text-align: center;"> <p>Location</p> </div>	
Grid or Street Address or Road (If avail.) 		Govt. Lot # 		
		OR 		
		1/4 of 1/4 of Section 		
Subdivision Name 	Lot 	Block 		
Construction Type <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven Point <input type="checkbox"/> Spring <input type="checkbox"/> Jetted <input type="checkbox"/> Other		OR Latitude Deg. Min. Sec. Longitude 		
Land Surface Elevation ft. MSL		Number of Wells on Property 		
Construction Date / / 		Well Use <input type="checkbox"/> Private Potable <input type="checkbox"/> Community-Municipal <input type="checkbox"/> Priv. Non-Potable <input type="checkbox"/> Community OTM <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Non Transient Non-Com. <input type="checkbox"/> Transient Non-Com.		
Constructor 				
Source of Well Data <input type="checkbox"/> Well Report <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Other*			Well Status <input type="checkbox"/> Active Use <input type="checkbox"/> Inactive <input type="checkbox"/> Perm Filled	
Depth From Land Surface To:	Casing Diameter	Water Bearing Formation		
Bedrock ft.	 in.	<input type="checkbox"/> Sandstone <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Shale <input type="checkbox"/> Limestone <input type="checkbox"/> Crystalline		
Well Bottom ft.				
Static Water ft.				
Casing Bottom ft.				

Comments: eg. Reason for inventory, Samples taken, Directions to property, Details of well location on property.

*For "Other", enter a description in the comment area if needed.